



This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

REVISED

OMB No. 1214-0001
02/29/93

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

File No. C. 464

A. Person Filing

1. Name and mailing address (include ZIP code):

Labor Information Services, Inc.
PO Box 6063
Malibu, CA 90264

2. Any other address where records necessary to verify this report are kept:

None

3. Date fiscal year ends:

12/31/2000

4. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☒ Corporation d. ☐ Other (Specify):**B. Nature of Agreement or Arrangement**

5. Full name and address of employer with whom made (include ZIP code):

Santa Barbara Cottage Hospital
Pueblo at Bath Steet
Santa Barbara, CA 93102

6. Date entered into:

3/15/00

7. Names of persons through whom made:

Mr. Jon Crozier

8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner or exercising, the right to organize collectively through representatives of their own choosing.
- b. ☐ To supply and employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

9. Terms and conditions (Explain in detail; see Part B-9 of instructions):

Revised to increase maximum hours to 550. Also add additional persons that performed the work:

C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):

a. Nature of activity:

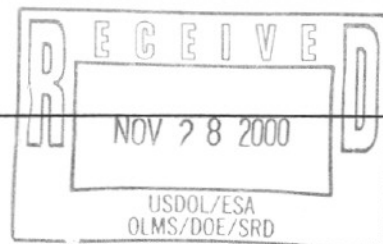
b. Period during which performed:

c. Extent performed:

d. Names and addresses of persons through whom performed:

Paul Johnson and Larry Wong
Labor Information Services, Inc. - (above address)

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:



D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed:

President

Signed:

Treasurer

(If other title, cross out and write in correct title above.)

(If other title, cross out and write in correct title above.)

City

State

Date

City

State

Date

at: Malibu CA on: 10/30/00

at: on:

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Labor Management Standards, Department of Labor, Room N5625, 200 Constitution Avenue, N.W., Wash., D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1214-0001), Wash., D.C. 20503.



This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

OMB No. 1214-0001
02/29/93

REVISED

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

File No. C. 464

A. Person Filing

1. Name and mailing address (include ZIP code): Labor Information Services, Inc. PO Box 6063 Malibu, CA 90264	2. Any other address where records necessary to verify this report are kept: NONE
--	--

3. Date fiscal year ends: 12/31/00	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):
---------------------------------------	--

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): CPL Subacute, LLC (Cedar Lane Nursing Home) 955 South Main Street Middletown, CT 06457	6. Date entered into: 3/20/00
7. Names of persons through whom made: Mark Finkelstein	
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> To persuade employees to exercise or not to exercise, or persuade employees as to the manner or exercising, the right to organize collectively through representatives of their own choosing. b. <input type="checkbox"/> To supply and employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.	

9. Terms and conditions (Explain in detail; see Part B-9 of instructions):

Revised to increase maximum hours to 425 and add additional names of persons whom performed the work.

C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):

a. Nature of activity:

b. Period during which performed:

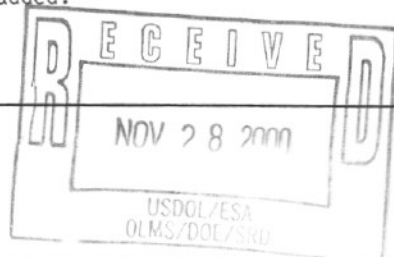
c. Extent performed:

d. Names and addresses of persons through whom performed:

Additional names added:

Russ Melita Brent Yessin
Dee Screws All with Labor Information Services, Inc.
Olga Tapia (above address)

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:



D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed: (If other title, cross out and write in correct title above.) City State Date at: Malibu CA on: 10/30/00	Signed: _____ (If other title, cross out and write in correct title above.) City State Date at: _____ on:
President	Treasurer

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Labor Management Standards, Department of Labor, Room N5625, 200 Constitution Avenue, N.W., Wash., D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1214-0001), Wash., D.C. 20503.

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

File No. C. 464

A. Person Filing

1. Name and mailing address (include ZIP code): Labor Information Services, Inc. P O Box 6063 Malibu, CA 90264	2. Any other address where records necessary to verify this report are kept NONE
3. Date fiscal year ends: 12/31/2000	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Brandywine Nursing Home 620 Sleepy Hollow Road Briar Cliff Manor, NY 10510	6. Date entered into: 6/7/2000
7. Names of persons through whom made: Paul Roth	
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> To persuade employees to exercise or not to exercise, or persuade employees as to the manner or exercising, the right to organize collectively through representatives of their own choosing. b. <input type="checkbox"/> To supply and employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.	

9. Terms and conditions (Explain in detail; see Part B-9 of instructions):

Starting 6/7/2000 through 6/29/2000, our firm will be conducting meetings with employees from the voting unit to discuss the realities of signing authorization cards and voting in the upcoming election. A maximum of 400 hours will be allocated to this work. Billing of time and expenses will be done monthly. There is no written agreement as to a maximum billable amount.

C. Specific Activities to be Performed

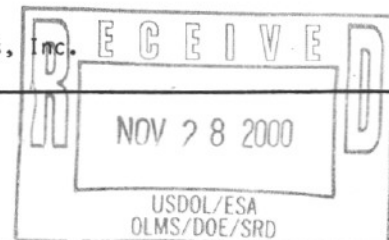
10. For each activity, separately list in detail the information required (See Part C-10 of instructions):

a. Nature of activity: To inform employees in the voting unit to exercise their right to choose whether or not they wish to be represented for the purposes of collective bargaining.

b. Period during which performed: 6/7/2000 through election date	c. Extent performed: On-going meetings, up to 24 hours before the election will be performed. These will be group or individual meetings to discuss NLRA basic guidelines, review act and answer questions.
d. Names and addresses of persons through whom performed: Russ Melita Rosalyn Warren All with: Ray Perez Labor Information Services, Inc. Annette Raggette (above address)	

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

All voting employees in bargaining unit.



D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed: <i>[Signature]</i> (If other title, cross out and write in correct title above.) City State Date at: Malibu CA on: 6/30/00	Signed: _____ (If other title, cross out and write in correct title above.) City State Date at: _____ on: _____
President	Treasurer

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Labor Management Standards, Department of Labor, Room N5625, 200 Constitution Avenue, N.W., Wash., D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1214-0001), Wash., D.C. 20503.